Mail Application To:

New Mexico Environment Department Air Quality Bureau 2048 Galisteo Santa Fe, NM 87505

Phone (505) 827-1494 http://www.nmenv.state.nm.us



Registration N	lo		
AIRS No.	-	-	
For NMED use	only		

Application for Air Quality General Construction Permit GCP-5

Concrete Batch Plants

(Locating outside of Bernalillo County and Tribal Communities)						
AcI		Permit fee enclosed, Chec I have sent a copy of this a I have initiated the public	k No.:[R application to the c notice that is <u>re</u>	ting is available to me upor equired] (see instructions e nearest Department field equired for GCP-5 nents to register as a Small	for amount)	
I	General Information					
1	a) Company Name:		b) Date Applic	ation Notarized:		
2	a) Facility's Site Name:		b) SIC code (4	b) SIC code (4 digits):		
3	Company Mailing Address:		·			
4	a) Contact Person:	1) Title:			
5	a) Phone Number :	c) E-mail:				
6	a) Will this plant operate in conjunction boundary? No Yes b) If yes, what is the name and permit num	· ·	y and/or an aggre	gate processing facility within	the same property	
П	Applicability					
	bu answer <i>Yes</i> to any questions 1-4 below			al construction permit. You	need to submit an	
1	ication for an individual permit under 20. Is your facility subject to a National Emissi Control Technology (MACT)?			HAP) or Maximum Available	□ No □ Yes	
2	Will your facility be located less than three (3) miles from a Class I (Wilderness, National Park) area? See Map – attached				□ No □ Yes	
3	Will the haul road (s) be greater than one (1) mile in length?			□ No □ Yes	
4	Will your facility use any fuel other than g and /or #2 diesel fuel with a sulfur content e	qual to or less than 0.05 % by	weight to fuel engi	nes and heaters ?	□ No □ Yes	
_	ou answer <i>NO</i> to any questions 5-11 below vidual permit under 20.2.72 NMAC <i>Cons</i>	, , 1	ualify for the GC	P-5. You need to submit an	application for an	
5	Is your facility's primary purpose to produlisted in Section I.A.3 of the GCP-5?		oducts using any co	ombination of the equipment	□ No □ Yes	

6	Is your facility's production rate less than or equal to 2400 yards of concrete per day (YPD)?					□ No □ Yes			
	Can your facility comply with all of the applicable state and federal regulations listed in Section III.B – Applicable Regulations of the GCP-5?					□ No □ Yes			
8	Will your facility mee Locations of GCP-5?		irements as d	lescribed in Sect	tions III.C – Sit	ing Restrictions a	nd III.E – Co-	□ No □ Yes	
9	Will the perimeter of the existing recreation area not meet this setback, v	a, private residence,	office buildi	ng, schoolyard, o	or other occupied	d structure? If yo	ur facility does	□ No □ Yes	
10	If you plan to co-local location requirements a permit?							□ No □ Yes	
	Will the haul road con Conditions 9, 10 & 11		the requireme	ents as described	d in Paragraph II	I.F – Emissions R	Restrictions and	□ No □ Yes	
	,								
III	Initial Facili	tv Status							
1	a) Has this facility prev ☐Yes ☐No		GCP-5?			b) If yes, the reg	gistration no. is:		
2	a) Has this facility alrea	ady been constructed	d?	b) If yes, is	it currently oper	ating in New Mex	tico? \[Yes \[]	No	
2	Yes No a) Does this facility cu	urrently have a regul	lar constructi	on permit (Subse		es, list the permit No :		¬ът.	
4	A or B of 20.2.72.200 la) Is this application in			(NOV)?	b) If yes, NOV		in active? Yes No c) NOV Tracking No.		
5	Yes No a) This Facility is subn		on as a Small	Business and w	ill operate under				
6	in Section II.D.2 – Feeda) This Facility will o	perate as a Small I						dditional reporting	
	requirements are necessary prior to operating over the 360 cubic yards of concrete per day limit. Yes No								
				, , , , , , , , , , , , , , , , , , ,			_		
IV	Facility Lo	cation Info		,					
	Facility Lo a) Section:	b) Range:		ľ	d) County:		e) Elevation (fi	t):	
IV	1	b) Range:	rmation	ľ	d) County:	c) UTMV (record	e) Elevation (fi		
1	a) Section:	b) Range: or 13 b) UTM	c) Townsh	nip: one hundredth of	d) County:	c) UTMV (record	e) Elevation (fi		
1	a) Section: a) UTM Zone: 12	b) Range: or 13 b) UTM nd Northing Coordin	c) Townsh H (record to donates as NAD	nip: one hundredth of	d) County: Fa km): FNAD - 83 :	c) UTMV (record	e) Elevation (fi		
1 2	a) Section: a) UTM Zone: 12 d) Specify Easting an	b) Range: or 13 b) UTM: nd Northing Coordin sec.):	c) Townsh H (record to onates as NAD	nip: one hundredth of - 27: Longitude (deg.	d) County: a km): NAD - 83: , min., sec.):	e) UTMV (record	e) Elevation (fi		
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1 2 AND 3 4	a) Section: a) UTM Zone: 12 d) Specify Easting at Latitude (deg., min., Name and zip code of Detailed driving instancessary):	b) Range: or 13 b) UTM nd Northing Coordin sec.): of nearest New Mexi structions including	c) Townshirth (record to direction and direc	ip: one hundredth of - 27: Congitude (deg. or tribal commur d distance from	d) County: a km): NAD - 83: , min., sec.): nity: nearest NM to	wn and/or tribal or cupied structure.	e) Elevation (fi	th of a km):	
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VI	Other Facility Information						
1	a) Maximum proposed production	yards/da	s/day yards/year		b) Total miles of haul road (one way) miles:		
2	a) Area of storage pile & operation	ations acres:			b) Estimated Number of Haul truck trips per day (round trip) trips/day:		
5	a) Area of disturbed earth in acre	n acres: b) Area with restricted public ac			ess in acres:		
6	a) Method(s) used to restrict public access:						
7	Describe the control measures Restrictions and Conditions 9 &				s on haul roads as described in Section III.F- Emissions		
8	Provide a preliminary operational plan (s) defining the measures to mitigate source emissions during; 1) Facility malfunctions, startup, shutdown or scheduled maintenance as defined in 20.2.7.NMAC						
9	Provide a preliminary operational plan (s) defining the measures to mitigate source emissions during; 2) Weather conditions that would cause an exceedance of the visible emission requirement in Subsection III.A.6 of the permit.						

pment Size, Maximun gn Capacity

VIII Storage Tank Information (Note: this data will be used to determine 40 CFR 60 Subpart KB Applicability) Use additional sheets if necessary. Please include silos in this information.						
Materials Stored	Date Manufactured (MM/DD/YY)	Capacity (M ^{3 or} gal)	Diameter (M)	Height (M)	True Vapor Pressure (kPa)	Annual Through-put (M ^{3 or} gal)
	Materials	pplicability) Use additional shee Date Materials Manufactured	Date Materials Date Manufactured Capacity	Date Materials Date Manufactured Capacity Diameter	Date Materials Date Manufactured Capacity Diameter Height	pplicability) Use additional sheets if necessary. Please include silos in this interpolate Manufactured Capacity Diameter Height True Vapor Pressure

IX **Required Attachments**

The following Attachments are required. Please label each accordingly. A complete application shall include:

- Attachment A A process flow sheet and/or block diagram indicating the individual equipment, all emission points, unit numbers, and types of controls applied to those points. Numbering system should cross reference with Attachment B.
- Attachment B A plot plan drawn to scale, showing the Area of Operations, emissions points by unit number, structures, tanks, and fences of the Restricted Area, and the Property Boundary owned, leased, or under direct control of the applicant and/or owner or operator.
- A map such as a 7.5 minute United States Geological Survey (USGS) topographic quadrangle showing the proposed Attachment C location of the Facility. The map shall also include the following:

The UTM or Longitudinal coordinate system on both axes	An indicator showing which direction is north
A minimum radius around the facility of 5km (3.1 miles)	The nearest occupied structure(s) (unless the distance
	is greater than 3.1 miles)
Topographic features of the area	Access and haul roads
The name of the map	Facility property boundaries
A scale	The area which will be restricted to public access

Attachment D Documentation that public notice has been initiated

- 1) Include the General Posting of Notice-Certification along with the posted sample.
- 2a) Include an original or copy of the actual newspaper advertisement. The original or copy of the advertisement must include the header showing the date and newspaper or publication title. **OR**
- 2b) Include an affidavit from the newspaper or publication stating that the advertisements were published. The affidavit must include the date of the advertisements' publication.

Attachment E

Certification by the Plant's owner or operator, or authorized representative before a notary public that all of the information included in the registration form is true and complete to the best of his or her knowledge (see attached copy in Part X of this registration form).

A Certification	
Company Name:	
I,, hereby certify that the information an possible, to the best of my knowledge and profess	nd data submitted in this application are true and as accurate as sional expertise and experience.
Signed this day of, 20	_, upon my oath or affirmation, before a notary of the State of
Signature	Date
Printed Name	Title
Scribed and sworn before me on this day	of
My authorization as a notary of the State of	expires on the
day of	20
Notary's Signature	Date
Notary's Printed Name	

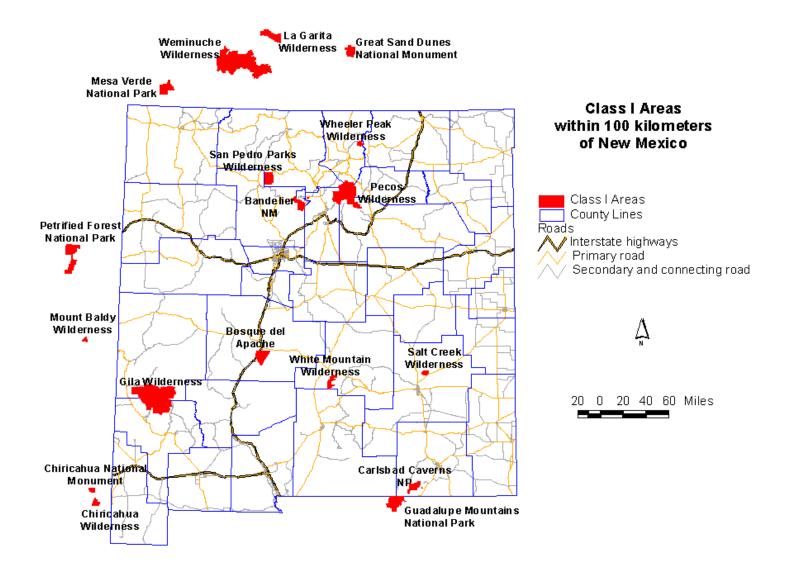


Figure 1